FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPRO | VAL | | | | |
|--------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
| Estimated average burden | | | | | |
| hours per response | . 0.5 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| (Print or Ty | pe Response | es) | | | | | | | | | | | | | | | |
|---|-------------|--|--|---|------|---|-------------------------------------|----------------------|---------------------------------|---|---------------------------|--------------------------|---|--|--------------|---|-----------|
| 1. Name and Address of Reporting Person *- PAGANELLI JOHN A | | | | 2. Issuer Name and Ticker or Trading Symbol eXegenics Inc [EXG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) 1250 PITTSFORD-VICTOR ROAD, BUILDING 200, SUITE 280 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/03/2006 | | | | | | | | | X Officer (give title below) Other (specify below) Interim CEO, COB | | | | |
| (Street) | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | | ır) | _X_ | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| PITTSFORD, NY 14534 (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | | | ities | Acquired | ired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | Date (Month/Day/Year) | 2A. Deemed 3. Tra Execution Date, if Code | | . 8) | 4. Securities Acc (A) or Disposed (Instr. 3, 4 and 5 (A) or | | sed o id 5) | ired 5. Amount of Securities Be | | Beneficially 6. 7. Nature | | Indirect eneficial wnership | | | | |
| | | | Table II - I | | | | | co for juired, | ntaine rm dis Dispos | ed in this splays a c | forr curre | m are not ently valid | required d OMB co | n of inform I to respoi ontrol nun | nd unless th | | 74 (9-02) |
| 1. Title of Derivative Security (Instr. 3) | Conversion | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if | 4. Transact | tion | 5. Nun | urities uired or bosed D) tr. 3, 4, | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficial | | |
| | | | | Code | V | (A) | (D) | Date Exercis | sable | Expiratio Date | n | Title | Amount or Number of Shares | | | | |
| Option to Purchase Common Stock | \$ 0.41 | 04/03/2006 | | A | | 5,000 | . , | 04/03 | /2006 | 04/03/20 | 016 | Common Stock | | \$ 0 | 100,000 | D | |

Reporting Owners

| Ī | | Relationships | | | | | |
|---|--|---------------|-----------|------------------|-------|--|--|
| | Reporting Owner Name / Address | | 10% Owner | Officer | Other | | |
| | PAGANELLI JOHN A 1250 PITTSFORD-VICTOR ROAD, BUILDING 200 SUITE 280 PITTSFORD, NY 14534 | X | | Interim CEO, COB | | | |

Signatures

| /s/ John A. Paganelli | 04/03/2006 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.